

# City of Green Bay

## Demolition Grant Application

### A. Applicant Information

Building Owner:

SSN or Tax ID No.

Contact Name:

Address:

City/State/Zip:

Phone:

Fax:

Email:

### B. Building Information (structure to be razed)

Building Address:

City/State/Zip:

Year Built:

Downtown District (if applicable):

Current Assessed Value:

Anticipated Raze Date:

### C. Proposed Project for Cleared Site

1. Describe in detail the proposed "project" intended for the cleared site.

2. Project Start Date:

3. Project Completion Date:

4. Estimated value of completed project.

### D. Application Attachments

Check if submitted. If not submitted, provide an explanation.

Yes

No

☐☐

Written Bids/Quotes for work to be completed.

☐☐

Design plan or detailed description of work to be completed.

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Existing building photographs and renderings of finished project.

### E. Applicant Signature

I certify that all information contained in this document and any attachments or exhibits is true and correct to the best of my knowledge.

I understand and agree to meet and/or carry out all the program requirements as outlined by the City of Green Bay. I authorize the City of Green Bay to research the company's history and perform other related activities necessary for the reasonable evaluation of this application.

Signature

Date

